



California Department of Health Services
EXAMINATION QUESTIONNAIRE
RESEARCH SCIENTIST II
(EPIDEMIOLOGY/BIostatISTICS SCIENCES)

Examination title: Research Scientist II (Epidemiology/Biostatistics Sciences)

Name and address: •
•

Thank you for your interest in California State civil service employment. The State of California is an Equal Employment Opportunity employer. The Research Scientist II (Epidemiology/Biostatistics Sciences) examination will consist of a Training and Experience Questionnaire that will be used to evaluate your knowledge, experience, training, and familiarity or understanding of a particular subject or issue.

This is a scored test and will account for 100% of your rating. It is important that you fill the questionnaire out completely and accurately. **YOUR RESPONSES ARE SUBJECT TO VERIFICATION.** Your responses should be an accurate reflection of your personal experience and training.

Candidates who fail to follow the instructions will be eliminated from this examination.

THIS AFFIRMATION MUST BE COMPLETED:

I hereby certify and understand that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I understand this information will be verified and may be discussed in a hiring interview. I also understand that if it is discovered that I have made any false representations, I will be removed from the examination process, removed from the list resulting from the examination, or dismissed from civil service status.

Signature	Print name	Date
<hr/>	<hr/>	<hr/>

Send completed application questionnaire package to:

California Department of Health Services
Personnel Management Branch
MS 1300-1302
P.O. Box 997411
Sacramento, CA 95899-7411

IMPORTANT NOTE: Please ensure that the envelope has adequate postage. Facsimiles (FAX) will NOT be accepted under any circumstances.



**California Department of Health Services
EXAMINATION QUESTIONNAIRE
RESEARCH SCIENTIST II
(EPIDEMIOLOGY/BIOSTATISTICS SCIENCES)**

GENERAL INSTRUCTIONS

1. The attached questionnaire will constitute the entire examination. Additional instructions are provided within the questionnaire.
2. Your responses to the questions must be provided on the questionnaire. Answer all questions for each knowledge, experience, and/or other column as requested.

NOTE: The first part titled “KNOWLEDGE AND EXPERIENCE” requires two responses; one response for knowledge and one for experience. Rate each your knowledge *and* experience.

For the part titled “EDUCATION,” special care should be taken to submitting a complete description of your education.

Any questions without a response will not be accounted for in your total score.

3. You must submit a complete examination application package. Missing information will delay the processing of your examination.

The following documents comprise a complete examination application package for each Research Scientist I, II, and III:

- Completed Employment Application (STD. 678) which can be found at:
(http://www.spb.ca.gov/employment/employment_app2.htm)
 - Affirmation Statement (Page 1)
 - Conditions of Employment (Form 631) (Page 3)
 - Training and Experience Questionnaire (Begins on Page 4)
4. Before you mail the examination material, please keep a photocopy of the examination application package for your records. In the event that you are called for a hiring interview, you may be requested to provide a copy of this questionnaire.
 5. Upon receipt of your completed examination application package, documents become confidential information and are the property of the California Department of Health Services, Selection Unit. Due to its confidential nature, such information cannot be returned.
 6. It is your responsibility to notify the California Department of Health Services, Selection Unit, of any changes in your address. All correspondence must include the examination title, your identification number, and your social security number. Send correspondence to:

California Department of Health Services
Personnel Management Branch
MS 1300–1302
P.O. Box 997411
Sacramento, CA 95899-7411



California Department of Health Services
EXAMINATION APPLICATION PACKAGE
RESEARCH SCIENTIST I
(EPIDEMIOLOGY/BIostatISTICS SCIENCES)

CONDITIONS OF EMPLOYMENT

Name: _____ Date: _____

Examination title: Research Scientist II (Epidemiology/Biostatistics Sciences)

If you are successful in the examination, your name will be placed on the active employment list and certified to fill vacancies according to the conditions you specify on this form. If you are unwilling to accept work or do not reply promptly to communications, your name will be placed on the inactive list.

LOCATIONS IN WHICH YOU ARE WILLING TO WORK:

Please check your choices—you will not be offered a job in locations not checked. If more than 15 checks are made, you may be considered available for work anywhere in the State.

☐ (5) ANYWHERE IN THE STATE (IF CHECKED, NO FURTHER SELECTION IS NECESSARY.)

☐ 8004 ANYWHERE IN THE NORTHERN REGION—OR MARK NORTHERN REGION COUNTY CHOICES:

- | | | |
|---|---|--|
| <input type="checkbox"/> 0400 Butte | <input type="checkbox"/> 2300 Mendocino | <input type="checkbox"/> 4600 Sierra |
| <input type="checkbox"/> 0600 Colusa | <input type="checkbox"/> 2500 Modoc | <input type="checkbox"/> 4700 Siskiyou |
| <input type="checkbox"/> 0800 Del Norte | <input type="checkbox"/> 2900 Nevada | <input type="checkbox"/> 5100 Sutter |
| <input type="checkbox"/> 1100 Glenn | <input type="checkbox"/> 3100 Placer | <input type="checkbox"/> 5200 Tehama |
| <input type="checkbox"/> 1200 Humboldt | <input type="checkbox"/> 3200 Plumas | <input type="checkbox"/> 5300 Trinity |
| <input type="checkbox"/> 1700 Lake | <input type="checkbox"/> 4500 Shasta | <input type="checkbox"/> 5800 Yuba |
| <input type="checkbox"/> 1800 Lassen | | |

☐ 8001 ANYWHERE IN THE CENTRAL REGION—OR MARK CENTRAL REGION COUNTY CHOICES:

- | | | |
|--|---|---|
| <input type="checkbox"/> 0100 Alameda | <input type="checkbox"/> 2200 Mariposa | <input type="checkbox"/> 4100 San Mateo |
| <input type="checkbox"/> 0200 Alpine | <input type="checkbox"/> 2400 Merced | <input type="checkbox"/> 4300 Santa Clara |
| <input type="checkbox"/> 0300 Amador | <input type="checkbox"/> 2700 Monterey | <input type="checkbox"/> 4400 Santa Cruz |
| <input type="checkbox"/> 0500 Calaveras | <input type="checkbox"/> 2800 Napa | <input type="checkbox"/> 4800 Solano |
| <input type="checkbox"/> 0700 Contra Costa | <input type="checkbox"/> 3400 Sacramento | <input type="checkbox"/> 4900 Sonoma |
| <input type="checkbox"/> 0900 El Dorado | <input type="checkbox"/> 3500 San Benito | <input type="checkbox"/> 5000 Stanislaus |
| <input type="checkbox"/> 1000 Fresno | <input type="checkbox"/> 3800 San Francisco | <input type="checkbox"/> 5500 Tuolumne |
| <input type="checkbox"/> 2000 Madera | <input type="checkbox"/> 3900 San Joaquin | <input type="checkbox"/> 5700 Yolo |
| <input type="checkbox"/> 2100 Marin | | |

☐ 8011 ANYWHERE IN THE SOUTHERN REGION—OR MARK SOUTHERN REGION COUNTY CHOICES:

- | | | |
|---|--|---|
| <input type="checkbox"/> 1300 Imperial | <input type="checkbox"/> 2600 Mono | <input type="checkbox"/> 4000 San Luis Obispo |
| <input type="checkbox"/> 1400 Inyo | <input type="checkbox"/> 3000 Orange | <input type="checkbox"/> 4200 Santa Barbara |
| <input type="checkbox"/> 1500 Kern | <input type="checkbox"/> 3300 Riverside | <input type="checkbox"/> 5400 Tulare |
| <input type="checkbox"/> 1600 Kings | <input type="checkbox"/> 3600 San Bernardino | <input type="checkbox"/> 5600 Ventura |
| <input type="checkbox"/> 1900 Los Angeles | <input type="checkbox"/> 3700 San Diego | |



TYPE OF EMPLOYMENT DESIRED:

☐ Permanent ☐ Limited Term ☐ Full-Time ☐ Part-Time ☐ Intermittent

INSTRUCTIONS: ALL CANDIDATES MUST COMPLETE QUESTIONS 1–33.

KNOWLEDGE AND EXPERIENCE

NOTE: In evaluating the amount of experience (paid or voluntary) you have in a particular subject area, unless it was performed on a full-time basis, all part-time and/or intermittent experience must be computed and converted to full-time equivalency and reflected as such in your response. For example, half-time employment for six months is equivalent to three months full-time.

Rate both your knowledge and experience separately for each of the following:

	Experience				Knowledge			
	0	1	2	3	0	1	2	3
1. Identification and selection of appropriate problem for study	0	1	2	3	0	1	2	3
2. Development of study hypothesis	0	1	2	3	0	1	2	3
3. Selection of appropriate study design, sample size, sampling scheme, and data collection methods.	0	1	2	3	0	1	2	3
4. Maintain quality control on epidemiologic field data	0	1	2	3	0	1	2	3
5. Methods of descriptive and inferential biostatistics and its application in study	0	1	2	3	0	1	2	3
6. Perform statistical analyses.	0	1	2	3	0	1	2	3
7. Use of computer software to establish and manage data bases.	0	1	2	3	0	1	2	3
Name the software:								
8. Evaluation of research methodology	0	1	2	3	0	1	2	3
9. Provide technical consultation to independent and departmental investigators on epidemiologic surveillance	0	1	2	3	0	1	2	3
10. Critically review literature relevant to statistical methods and interpretation of statistical findings	0	1	2	3	0	1	2	3
11. Work as part of a multidisciplinary team:								
a. Project team member.	0	1	2	3	0	1	2	3
b. Serve in a lead or supervisory role	0	1	2	3	0	1	2	3
c. Principal or coprincipal investigator.	0	1	2	3	0	1	2	3
d. Consultant	0	1	2	3	0	1	2	3

NOTE: All information provided on this Questionnaire is subject to verification.

KNOWLEDGE AND EXPERIENCE (Cont.)

	Extensive experience (four or more years)				Moderate experience (one to three years)				Some experience (less than one year)				No experience			
	Extensive knowledge				Moderate knowledge				Basic/limited knowledge				No knowledge			
12. Prepare report(s) of research findings for publications	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
13. Conduct presentation(s) to students, colleagues, and/or scientific groups/public	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
14. Work with media (e.g., responding to reporters, television, or radio interviews)	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
15. Relate epidemiologic findings to health policy	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
16. Assist in performing research grant proposals for funding	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3

EXPERIENCE IN SELECTED COMPONENTS OF RESEARCH

Count only those proposals or research projects in Epidemiology/Biostatistics Sciences or a closely related field.

	Six or more				Three to five				One to two				None			
17. Number of research proposals prepared for internal or external peer review	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
List the research proposals: _____																

18. Number of research projects funded as a result of a research proposal that you have served as a principal investigator, co-investigator, researcher, or consultant	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
19. Number of research projects in which you selected the methodology	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
20. Number of research projects in which you performed the computerized data analysis . .	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
21. Number of research projects in which you are/were responsible for the computerized data analysis, but did not perform the analysis yourself	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3

NOTE: All information provided on this Questionnaire is subject to verification.

EXPERIENCE IN PUBLICATIONS AND PRESENTATIONS

Count only those publications and presentations in Epidemiology/Biostatistics Sciences or a closely related field.

	None	One to two	Three to five	Six or more
22. Number of first authored publications you have in peer reviewed scientific journals	①	②	③	
23. Number of co-authored publications you have in peer reviewed scientific journals (excluding those counted in the previous question)	①	②	③	
24. Number of technical reports you have prepared as a first author or co-author (excluding those counted in the two previous questions).	①	②	③	
25. Number of oral or poster presentation(s) you have presented at professional scientific meetings	①	②	③	
26. Number of lay person fact sheets on scientific issues that you have prepared	①	②	③	
27. Number of oral presentations on scientific topics you have made before lay audiences	①	②	③	

EXPERIENCE IN PROVIDING TRAINING, TECHNICAL ASSISTANCE, AND EXPERTISE

Count only those training sessions, associations, journals, and situations in Epidemiology/Biostatistics Sciences or a closely related field.

	None	One to two	Three to five	Six or more
28. Number of training sessions or classes you have prepared and/or conducted in your professional career	①	②	③	
29. Number of scientific articles you have peer reviewed for journals	①	②	③	
30. Number of public health situations in which you have provided technical input with regard to health warnings or new policy.	①	②	③	
31. Number of professional memberships with nationally recognized associations (e.g., ABIH, ACMG, ABT, SER, ISEE)	①	②	③	

NOTE: All information provided on this Questionnaire is subject to verification.

EDUCATION

32. Describe your academic professional education that is relevant to the Research Scientist classification. Please include the following:

- ☐ List your degree(s) and specific field of study.
- ☐ If applicable, identify the title of your research thesis, study, or project. Describe the research problem you evaluated and the conclusions of your research.

33. Describe your research experience relating to Epidemiology/Biostatistics Sciences. Specifically, address your experience in and responsibility for determining/selecting the appropriate research design, laboratory methods, and data analysis techniques.

NOTE: All information provided on this Questionnaire is subject to verification.

CALIFORNIA DEPARTMENT OF HEALTH SERVICES

Examination Title: Research Scientist II (Epidemiology/Biostatistics Sciences)

EXAMINATION INFORMATION TO APPLICANT:

You have completed the examination for the Research Scientist II (Epidemiology/Biostatistics Sciences) examination. Test results will be mailed to you within four to six weeks after the date your completed application examination package is received.

Reminder: You must submit a complete examination application package which is comprised of the following documents:

- Completed Employment Application (STD. 678)
(http://www.spb.ca.gov/employment/employment_app2.htm)
- Signed Affirmation Statement
- Completed Conditions of Employment (Form 631)
- Completed Training and Experience Questionnaire

Mail the complete examination application to:

California Department of Health Services
Personnel Management Branch
MS 1300–1302
P.O. Box 997411
Sacramento, CA 95899-7411

If you have any questions regarding this examination, please contact the Selection Unit staff at (916) 552-8344.

NOTE: All information provided on this Questionnaire is subject to verification.